



111403

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>		Attorney Docket No.	LEX-004C1
		First Named Inventor	Gillies
		Title	IL-15 Immunoconjugates And Uses Thereof
<small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>			
<b>APPLICATION ELEMENTS</b>		<b>ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</b>	
1. <input checked="" type="checkbox"/> Fee Transmittal Form 2. <input type="checkbox"/> Small Entity Status <input type="checkbox"/> Applicant claims small entity status <input type="checkbox"/> Status established in prior application and is still proper and desired		<b>ACCOMPANYING APPLICATION PARTS</b>	
3. <input checked="" type="checkbox"/> Specification and Drawings [Total Pages 51] - Written Description - (41 pages) - Claims - (4 pages) - Abstract - (1 page) - Sheets of Drawings - (5 sheets) <input type="checkbox"/> Formal <input checked="" type="checkbox"/> Informal			
4. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 3] a. <input type="checkbox"/> Newly executed (original) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> <i>[Note Box 5 below]</i>		8. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 11. <input checked="" type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Drawings [Total Sheets ]	
5. <input checked="" type="checkbox"/> Incorporation by Reference (usable if Box 4b is checked) The entire Disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		12. <input checked="" type="checkbox"/> Return Receipt Postcard (specifically itemized) 13. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority claimed) 14. <input type="checkbox"/> Nonpublication Request Under 35 U.S.C. 122(b)	
6. <input checked="" type="checkbox"/> Application Data Sheet 7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <input type="checkbox"/> Computer Readable Form (CRF) <input type="checkbox"/> Paper Copy (identical to computer copy) <input type="checkbox"/> CD (2 copies) (identical to computer copy) <input type="checkbox"/> Statement verifying identity of above copies		15. <input type="checkbox"/> CD in duplicate for large table or computer program 16. <input checked="" type="checkbox"/> Other: Copy of Petition for Extension of Time Under 37 CFR 1.136(a) and copy of check in the amount of \$420.00 submitted to Box AF for U.S.S.N. 09/292,217; copy of Associate Power of Attorney	
17. <input type="checkbox"/> If a CONTINUING APPLICATION: Amend the specification by inserting on page 1, before the first line, the sentence:			
18. <input checked="" type="checkbox"/> Priority - 35 U.S.C. 119(e) <input checked="" type="checkbox"/> Priority of application Serial No. 60/081,863 filed on April 15, 1998 in United States is claimed under 35 U.S.C. 119. <input type="checkbox"/> The certified copy has been filed in prior U.S. application Serial No. ____/____ on ____. <input type="checkbox"/> The certified copy will follow.			
<b>CORRESPONDENCE ADDRESS</b>		<b>SIGNATURE BLOCK</b>	
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibault, LLP High Street Tower 125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100 Customer No. 021323		Respectfully submitted,  Date: November 14, 2003 Reg. No. 48,645 Tel. No.: (617) 248-7697 Fax No.: (617) 248-7100 Brian Fairchild, Ph.D. Agent for Applicant(s) Testa, Hurwitz & Thibault, LLP High Street Tower 125 High Street Boston, MA 02110	

**FEE TRANSMITTAL**  
**FY 2004**

Complete if Known

Application Serial Number	Not yet assigned
Filing Date	Herewith
First Named Inventor	Gillies
Group Art Unit	Not yet assigned
Examiner Name	Not yet assigned
Attorney Docket No.	LEX-004C1

**METHOD OF PAYMENT**

1. ☒ Payment Enclosed:  
☒ Check ☐ Money Order ☐ Other
2. ☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.  
☐ Required Fees (copy of this sheet enclosed).  
☒ Additional fee required under 37 CFR 1.16 and 1.17.  
☒ Overpayment Credit.
3. ☐ Applicant claims small entity status.

**FEE CALCULATION****1. FILING FEE**

Large Entity Fee (\$)	Fee Description	Fee Paid
770	Utility filing fee	770.00
340	Design filing fee	
160	Provisional filing fee	

Number Filed	Number Extra	Rate	Amount
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Total Claims - 20 = x \$ 18.00 =

Independent Claims - 3 = x \$ 86.00 =

☐ Multiple Dependent Claim(s), if any \$290.00 =

TOTAL: 770.00

SMALL ENTITY DISCOUNT:

SUBTOTAL (1) (\$) 770.00

**2. AMENDMENT CLAIM FEES**

Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
Total 22	- 20 =	2	x \$ 18.00 =	36.00
Indep. 1	- 3 =	0	x \$ 86.00 =	0.00
<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$290.00 =	

TOTAL: (\$36.00)

SMALL ENTITY DISCOUNT: (\$)

SUBTOTAL (2) (\$36.00)

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	Request for ex parte reexamination	
110	55	Extension for reply within first month	
420	210	Extension for reply within second month	
950	475	Extension for reply within third month	
1480	740	Extension for reply within fourth month	
2010	1005	Extension for reply within fifth month	
330	165	Notice of Appeal	
330	165	Filing a brief in support of an appeal	
290	145	Request for oral hearing	
130	130	Petitions to the Commissioner	
180	180	Submission of Information Disclosure Statement	
770	385	Filing a submission after final rejection (37 CFR 1.129(a))	
770	385	For each additional invention to be examined (37 CFR 1.129(b))	
100	100	Certificate of Correction for applicant's error	
110	55	Submission of Terminal Disclaimer	
Other fee (Specify)			
Other fee (Specify)			

SUBTOTAL (3) (\$)

SUBTOTAL (1) 770.00

SUBTOTAL (2) 36.00

SUBTOTAL (3)

TOTAL (\$) 806.00

**CORRESPONDENCE ADDRESS**

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**SIGNATURE BLOCK**

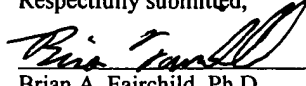
Respectfully submitted

Date: November 14, 2003  
 Reg. No.: 48,645  
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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		<b>Attorney Docket Number</b> LEX-004																					
		In re Application of Gillies																					
		Application Serial No. 09/292,217																					
		Filed: April 15, 1999																					
		Group Art Unit: 1644	Examiner: Roark, J.																				
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above entitled application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired)</p> <table><tr><td><input type="checkbox"/></td><td>One month (37 CFR 1.17(a)(1))</td><td>\$</td><td></td></tr><tr><td><input checked="" type="checkbox"/></td><td>Two months (37 CFR 1.17(a)(2))</td><td>\$</td><td>420.00</td></tr><tr><td><input type="checkbox"/></td><td>Three months (37 CFR 1.17(a)(3))</td><td>\$</td><td></td></tr><tr><td><input type="checkbox"/></td><td>Four months (37 CFR 1.17(a)(4))</td><td>\$</td><td></td></tr><tr><td><input type="checkbox"/></td><td>Five months (37 CFR 1.17(a)(5))</td><td>\$</td><td></td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status under 37 CFR 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$_____.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge the required fee to Deposit Account No. 20-0531. Enclosed is a duplicate of this sheet.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 20-0531.</p> <p><input checked="" type="checkbox"/> Return receipt postcard enclosed.</p> <p>I am the <input type="checkbox"/> assignee of record of the entire interest. <input type="checkbox"/> applicant. <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). _____</p>				<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$		<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$	420.00	<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$		<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$		<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$	
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Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibault, LLP High Street Tower 125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100		Respectfully submitted,  Brian A. Fairchild, Ph.D. Attorney for Applicant(s) Testa, Hurwitz & Thibault, LLP High Street Tower 125 High Street Boston, MA 02110 Date: November 14, 2003 Reg. No. 48,645 Tel. No.: (617) 248-7697 Fax No.: (617) 248-7100																					